

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

TAX INVOICE

EQ INSURANCE COMPANY LTD

5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEX SINGAPORE 069110 INV No. AC2101328

INV Date 04/03/2021

Reference CS/EQI21001459/Utf3e2

Code EQI

PROFESSIONAL SERVICE FEE

Vehicle No. SDZ 9924R

Insured Veh. SKS 2697X

Claim No. DM21HO00027/SG

Policy No. DMPPHQ20-001925

Accident Date 27/11/2020

Inspection Date 01/02/2021

Description	Total
Survey Inspection	160.00
Resurvey Inspection	
Digital Photographs	
Transportation	
Subtotal	160.00
GST (7%)	11.20
Grand Total	171.20

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd

KHM



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

	Affiliated to Federation Internationale Des Experts En Automobile				
	EQ INSURANCE C	OMPANY LTD	Ref:	CS/EQI21001459/Utf3e2	
	5 MAXWELL ROAL #17-00 TOWER BL		Date	e: 04/03/2021	
		NGAPORE 069110			
			Cod	e: EQI	
1.		Policy Particulars	:- THIRD PARTY CLA	AIM	
	Insured Veh.	SKS 2697X	Veh. Inspected	SDZ 9924R	
	Policy No.	DMPPHQ20-001925	Coverage (\$)	0.00	
	Claim No.	DM21HO00027/SG	Excess (\$)	0.00	
	Assign From	JANICE GOH	Assign Date	01/02/2021	
2.		Vehicle Partic	culars & Condition		
	Make & Model	TOYOTA ALLION (A)	c.c	1496	
	Engine No.	HIDDEN	Year of Reg.	2008	
	Chassis No.	NZT2603021674	Colour	SILVER	
	Odometer	127661 KM	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	SPORTS RIM	
	General	GOOD			
3.		Conditi	ons of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	195/65 R15	FIRENZA	5 mm	
	L/H Front Tyre	195/65 R15	FIRENZA	5 mm	
	R/H Rear Tyre	195/65 R15	FIRENZA	5 mm	
	L/H Rear Tyre	195/65 R15	FIRENZA	5 mm	
4.	Description of Damages				
	THE VEHICLE SU	STAINED DAMAGES AT THE N/S	FRONT PORTION.		
	DAMAGES SEE DI	ETAILS.			
5.		Genera	I Information		
	Accident Date	27/11/2020	Inspection Date	01/02/2021	
	Survey held at	FASTECH AUTO PTE LTD			
		1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY			
		SINGAPORE 417883			
5a.			emarks		
		ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W			
5b.	Estimate Days of Repair				
	ESTIMATED NORI	MAL PERIOD FOR REPAIR:	3 Wo	orking Days	
	•				



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SDZ 9924R

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEEP CUT	1,455.10	1,020.10
1	FRONT BUMPER RETAINER N/S	CRACKED	66.80	65.50
1	FRONT BUMPER FOG LAMP GARNISH N/S	TWISTED	145.10	142.30
1	FRONT BUMPER CENTRE GRILLE	NOT NECESSARY	288.20	-
1	FRONT BUMPER SPONGE	TORN	285.10	185.10
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	399.90	-
1	FRONT GRILLE	NOT NECESSARY	685.10	-
1	HEADLAMP N/S	CRACKED	1,850.10	1,480.50
1	FRONT FENDER N/S	TO REPAIR SEE LABOUR	845.10	-
	LESS 25% DISCOUNT		-	-723.38
			6,020.50	2,170.12
	<u>LABOUR</u>			
	TO CHECK WIRING.		50.00	20.00
	TO CONDUCT WHEEL ALIGNMENT.	NOT NECESSARY	100.00	-
	TO SPRAY RUST PROOFING.	NOT NECESSARY	50.00	-
	LABOUR FOR PANEL BEATING & REPLACED PARTS.INCLUSIVE OF THE REPAIR OF FRONT FENDER N/S.		680.00	380.00
	TO PUTTY & SPRAY PAINTING.		880.00	600.00
			1,760.00	1,000.00
	GRAND TOTAL		7,780.50	3,170.12

RECOMMENDED COST OF LUMP SUM REPAIRS		2,500.00
(TO ITS PRE-ACCIDENT CONDITION)		

Report Ref No. CS/EQI21001459/Utf3e2

CHUA KANG SENG

Licensed Appraiser



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any willout misrepresentation of withouting of material tacts may allow insurance companies to repute policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 30/11/2020 17:56 (SGT) Date of Accident 27/11/2020 09:30 (SGT) Exact Location of Accident Tampines Mart, Singapore Additional Location Information OPEN CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SD79924R

INSURED/POLICYHOLDER Is company? Name Of Registered Owner JUNAIDAH BINTE ABDUL HAMID NRIC No SXXXX705I Email Address JUNFAIFADNUR4@GMAIL.COM Mobile Phone No (Phone) +65-93826497

VEHICLE PARTICULARS

Alternative Phone No

Vehicle Registration Number

Manufacturer Toyota Model Allion Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

Private use

No - Claiming third party Private car

(Home) +65-93826497

your vehicle?

Vehicle Category

Name of Insurance Company Type of Coverage Fleet Policy No Policy Number Cover Note Number

Comprehensive

P10350169R00

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

JUNAIDAH BINTE ABDUL HAMID SXXXX705I 05/12/1961 Indoor

Date Of Driving Pass	18/12/2012
Driving experience	7 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93826497
Alt. Phone Number	(Home) +65-93826497
Email Address	JUNFAIFADNUR4@GMAIL.COM
Address	BLK 414 TAMPINES STREET 41 #07-315
Address complement	DER 414 TAMPINES STREET 41 #07-315
Postcode	520414
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	res
Does Driver Own Other Vehicles?	No.
Vehicle Registration Number of Other Vehicle Owned by Driver	140
vehicle registration variable of other vehicle owned by briver	<u> </u>
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER IN ORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	We
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	NUR RAFI'AH BINTE ABDUL LATIF
Gender	Female
	T GINGLE
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	PBI
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
vias tilste any audio recordeu?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SKS2697X
Vehicle Manufacturer	
Vehicle Model	

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	=
Contact Number	70
Address	-
Address complement	2
Postcode	E.
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form most be completed by the Policyholder and/or the Authorised Driver
- 3. Internation provided must be as truthful and accurate as possible. Any wiful resrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy hability on the part of the insurance companies
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"], the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) pf.
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims
 - (ii) investigating the accident and/or my claims;
 - field carrying out and/or dealing with my instructions or responding to any enquiries by me,
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes"
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or seents including their lawyers flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes
- my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (b) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(if driver is not the policyholder)

Date & Time

NRIC/FIR No.

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Political Signature	Driver's Signature (If driver is not the policyholider)	Reporting Personnel's Signature
DECLARATION I/We declare the foregoing pa	rticulars are true in every respect.	a hist.
against your own policy	(OD claim), there is a Fourtgen (14) days clause to be made without the stipular distributions from the day of occurance.	
	FK.	
Sept.		7
4	2 70 POLICE REPORT. G.	72121127 77014

Date & Time:





1 of 2

Report No. G/20201127/7014

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 27/11/2020 10:32	Vide Rep	ort No.		Station Diary No.
Name Of Informant	Address			
NUR RAFI'AH BINTE ABDUL LATIF	414 TAMPINES STREET 41 #07-315 SINGAPORE		SINGAPORE	
	520414			
ID Type / ID No.	Contact N	lo.		
NRIC NO / S9211508I	Home/Of	ice:	Mobile:	
			87885662	
Nationality	Email Address			
SINGAPORE CITIZEN	NURAABDUL92@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Other health professionals nec	Female	28	01/04/1992	Malay
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
27/11/2020 09:30 - 27/11/2020 09:45	Tampines mart carpark			
Brief details.				

Brief details.

At 9:30am, at tampines mart open carpark, I was sitting in my stationary parked car when I felt an impact of being hit from the left side of the car. I saw a man who looked to be in his late fifties with grey hair step out of a black car (License plate: SKS2697) that had stopped infront of my car, stepped out of his vehicle and looked at my car condition. I waved at him from the inside of my car. He just looked at the condition of my car and drove off. I managed to get a glimpse of his license plate and I also noticed that he has damages on the right side of his car as he had hit the left side of my car. I was unable to step out of the car to stop him when the incident happened as I was locked in the car while my mom went to grab

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2020 10:32
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20201127/7014

groceries at the nearby market. I lodge this report for repair and damage claim purposes. Please do contact me once the person responsible is identified as I have photos of the damages from the incident

Suspect			
Person Name	Unknown		
Gender	Male	Race	Chinese
Complexion	Fair	Build	Medium
Height About	160cm	Attire Last Worn	black tshirt and beige shorts
Hair Colour	White	Hair Style	Short-Straight
Habits & Oddities	to be around late fifties to early		
	sixtiesage group.		
Victim Person Name		ATIF	
Person Name	NUR RAFI'AH BINTE ABDUL L	ATIF ID No	S9211508I
Person Name ID Type	NUR RAFI'AH BINTE ABDUL L NRIC NO	ID No	\$9211508I 28
Victim Person Name ID Type Gender Race	NUR RAFI'AH BINTE ABDUL L NRIC NO Female	ID No Age	
Person Name ID Type Gender	NUR RAFI'AH BINTE ABDUL L NRIC NO	ID No	28

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2020 10:32
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SDZ 9924R

INSPECTION









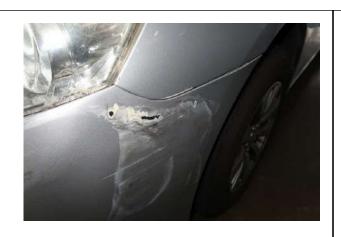






51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

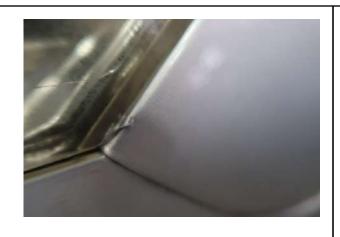
TEL: 6256 3561 FAX: 6256 4315

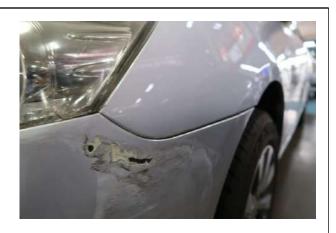












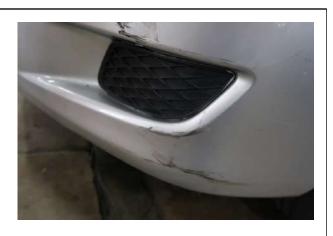


51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315















51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315













51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SDZ 9924R

RE-INSPECTION















51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933 TEL: 6256 3561 FAX: 6256 4315















51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

PHOTOGRAPHS FOR VEHICLE NO. SDZ 9924R

RE-INSPECTION











